GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE OF REPRESENTATION OF ANY PARTY OTHER THAN A CLAIMANT OR EMPLOYEE BY AN ATTORNEY

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Social Security Number	Date of Injury

A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury	Address	
Employee E-mail			
ATTORNEY FOR EMPLOYEE / CLAIMANT	Name	**EMPLOYER**	Name
Address		Address	
Attorney Bar Number		Employer E-mail	
Attorney E-mail		**INSURER / SELF-INSURER**	Name
PARTY AT INTEREST	Name	**CLAIMS OFFICE**	Name
Address		Address	SBWC ID # (five digit no.)
Party E-mail		Claims E-mail	

B. NOTICE

This serves notice that Attorney: _____

of the firm: _____

at mailing address:	
Telephone Number	
Fax Number	E-mail Address

Is counsel in this case for the following named party / parties:

C. CERTIFICATION

❑ I certify that I have today sent a copy of this form to all parties named above and to the State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, GA 30303-1299

Signature	Date

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).